

**NEVADA STATE DEPARTMENT OF AGRICULTURE**

350 Capitol Hill Avenue

Reno, NV 89502

Phone: (775) 688-1180 Fax: (775) 688-1178

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**APPLICATION FOR SEED CERTIFICATION**

Applicant \_\_\_\_\_

Grower \_\_\_\_\_  
(If different from applicant)

Mailing address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Crop \_\_\_\_\_ Variety Name \_\_\_\_\_

Date planted \_\_\_\_\_ Code Name \_\_\_\_\_

Acres \_\_\_\_\_ Experimental Name \_\_\_\_\_

Grower Field Number \_\_\_\_\_

Class of seed planted: Class of seed to be produced:

☐ Breeder  
☐ Foundation  
☐ Registered☐ Foundation  
☐ Registered  
☐ Certified**PREVIOUS CROP HISTORY OF LAND**

Year	Crop grown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Seed purchased from: \_\_\_\_\_  
(name and address of company)

Amount purchased: \_\_\_\_\_ Amount planted: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Grown in: \_\_\_\_\_

**LOCATION OF FIELD** - Describe location and include a map showing the field location.


I agree to abide by all laws and regulations governing the production of certified seed in the State of Nevada and assume responsibility for maintaining the genetic identity and purity at all stages of certification including seeding, harvesting, transporting, processing and labeling.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date